

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>					
Full Name of Payee <b>Main Street Media</b>			Date of Public Distribution/Dissemination <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> 09 / 27 / 2016</div>		
Mailing Address P.O. Box 25093			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1897460.30</div>		
City Alexandria		State VA	Zip Code 22313		Transaction ID : SE1 Date of Disbursement or Obligation <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> 09 / 23 / 2016</div>
Purpose of Expenditure TV/Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate Patrick Murphy			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">4165387.17</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <b>Main Street Media</b>			Date of Public Distribution/Dissemination <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> 09 / 27 / 2016</div>		
Mailing Address P.O. Box 25093			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">368756.51</div>		
City Alexandria		State VA	Zip Code 22313		Transaction ID : SE2 Date of Disbursement or Obligation <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> 09 / 23 / 2016</div>
Purpose of Expenditure Radio Placement		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate Patrick Murphy			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">4165387.17</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2266216.81</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Caleb Crosby*

Signature \_\_\_\_\_

[Electronically Filed]

Date

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09 / 28 / 2016

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DMM Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2016</b>	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount <b>12854.67</b>	
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE3</b>
Purpose of Expenditure TV/Media Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2016</b>
Name of Federal Candidate Patrick Murphy		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4165387.17</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DMM Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2016</b>	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount <b>2786.98</b>	
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE4</b>
Purpose of Expenditure Radio Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2016</b>
Name of Federal Candidate Patrick Murphy		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>4165387.17</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>15641.65</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 28 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DMM Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2016</b>		
Mailing Address 1911 N. Fort Myer Drive Ste 400			Amount <b>2897.50</b>		
City Arlington	State VA	Zip Code 22209	Transaction ID : SE5		
Purpose of Expenditure Radio Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2016</b>		
Name of Federal Candidate Patrick Murphy		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>4165387.17</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2897.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	<b>2284755.96</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 28 / 2016**

Signature